



**State of New Hampshire  
Board of Pharmacy**  
57 Regional Drive  
Concord, NH 03301-8518  
Tel.: (603) 271-2350 Fax: (603) 271-2856  
Website: www.nh.gov/pharmacy/

**RENEWAL FEE: \$250.**

Check or Money Order Payable To:  
Treasurer, State of New Hampshire

☐ Late Renewals Must Include \$25 Late Fee. See Reversed Side of This Application for Additional Requirements for Late Renewals.

**NON-RESIDENT / MAIL-ORDER PHARMACY PERMIT RENEWAL APPLICATION  
APRIL 1, 2013 – MARCH 31, 2014 REGISTRATION PERIOD**

NH Reg. #: **NR** \_\_\_\_\_

Pharmacy Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Your Current NH Non-Resident,  
Mail-Order Pharmacy Permit  
Expires On 4/30/2013.**

You must renew prior to this date in  
order to continue to provide prescription  
drugs/devices to patients in NH.

Pharmacy Telephone Number ( <i>Direct Line To Pharmacist for Board Use/Licensing Inquiries Only</i> ) ( )	Pharmacy Fax Number ( )	Toll-Free Phone Number For Use By NH Residents ( )
Pharmacy Contact's E-Mail Address (Must be entered in order to receive your license)		Pharmacy Web Page Address (If Applicable)

Resident State Pharmacy License/Registration ( <b>Attach Copy To This Form</b> ) Number: _____ Exp. Date: _____	Resident State Controlled Substance Registration (If Applicable) ( <b>Attach Copy To This Form</b> ) Number: _____ Exp. Date: _____	DEA Registration (If Shipping Controlled Drugs) ( <b>Attach Copy To This Form</b> ) Number: _____ Exp. Date: _____
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Name Of Pharmacist-In-Charge	Pharmacist License Number	State Of Issue
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<b>Pharmacy Hours</b>		
Monday -Friday (Open – Close):	Saturday (Open – Close):	Sunday (Open – Close):

Types of Prescription Items Being Shipped To New Hampshire Residents			
<input type="checkbox"/> Non-Controlled Drugs	<input type="checkbox"/> Controlled Drugs * Attach DEA Reg.	<input type="checkbox"/> Prescription Devices	<input type="checkbox"/> Other (Describe):
<input type="checkbox"/> Non-Sterile Compounded Drugs	<input type="checkbox"/> Sterile Compounded Drugs		

Type Of Ownership	
<input type="checkbox"/> Individual Owner/Trustee/Receivership	<input type="checkbox"/> Partnership <input type="checkbox"/> Corporation / LLC ⇒ State Of Incorporation:
Name Of Corporation / Parent Company / Owner	Federal Tax ID #:
Corporate / Parent Company / Owner's Mailing Address	

<b>List Name, Address, &amp; Title Of Corporate Officers, Partners Or Owner(s) – Or If Necessary, Provide As An Attachment</b>		
Name	Address	Title

**Since your last renewal, has the license/registration of this pharmacy been subject to disciplinary action by any state or federal licensing/regulatory board/agency?**

☐ Yes\*

☐ No

\*If yes, you must attach a detailed explanation.

Since the pharmacy's last NH renewal, have any of this pharmacy's owners, corporate officers, partners or pharmacists been found guilty of any felony in connection with the practice of pharmacy/distribution of drugs or been found guilty of a violation of federal, state, or local drug laws?

☐ Yes\*

☐ No

\*If yes, please attach explanation.

Is the pharmacy owned by any individual licensed to prescribe medicine, or does any prescriber (or a prescriber's immediate family member) have a majority/controlling interest in the pharmacy? ☐ Yes \* ☐ No

\* If yes, what percentage of the pharmacy/corporation is owned by a prescriber or a prescriber's immediate family member?  
\_\_\_\_\_ %

Does the pharmacy have comprehensive liability insurance coverage?

☐ Yes

☐ No

### **ATTACHMENTS:**

**(ALL REQUIRED ATTACHMENTS MUST BE SUBMITTED OR YOUR APPLICATION WILL BE REJECTED)**

As Pharmacist-In-Charge, please confirm/check the following, sign/date this application, and staple attachments to form:

- ☐ 1. A copy of the pharmacy's current license/registration issued by the Board of Pharmacy or other state regulatory agency where the pharmacy is located (home state);
- ☐ 2. A copy of the pharmacy's current Federal DEA Registration Certificate. If none, attach explanation;
- ☐ 3. A copy of the pharmacy's most recent pharmacy inspection report (*must have been within the past 18 months*)\* issued by either the FDA, DEA, NABP, or State Board of Pharmacy where the pharmacy is located (home state). \* *If no inspection has been performed within the past 18 months, please send the board an explanation – your application will be held until a new inspection can be performed.*

I, \_\_\_\_\_, certify that the contents  
*Pharmacist-In-Charge (Printed Name)*  
of this renewal are true and correct to the best of my knowledge and belief.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

- ➔ THIS APPLICATION WILL NOT BE ACCEPTED WITHOUT A SIGNATURE AND DATE OF COMPLETION AND WITHOUT ALL REQUIRED ATTACHMENTS.
- ➔ RENEWAL APPLICATIONS RECEIVED AFTER APRIL 30, 2013 ARE SUBJECT TO A \$25 LATE FEE. ADDITIONALLY, A LIST OF ALL PRESCRIPTION PRODUCTS SHIPPED INTO NH DURING THE UNLICENSED PERIOD OR A SIGNED LETTER STATING THAT NO PRESCRIPTION PRODUCTS WERE SHIPPED INTO NEW HAMPSHIRE DURING THE UNLICENSED PERIOD MUST BE SUBMITTED WITH ALL LATE RENEWALS.
- ➔ NO PRESCRIPTION PRODUCTS MAY BE SHIPPED INTO NEW HAMPSHIRE AFTER APRIL 30, 2013 UNTIL YOUR PHARMACY REGISTRATION IS RENEWED & NO REGISTRATION SHALL BE GRANTED UNTIL ALL FEES ARE PAID IN FULL.
- ➔ THE NEW HAMPSHIRE LAWS / REGULATIONS REGARDING NON-RESIDENT / MAIL-ORDER PHARMACIES SHIPPING PRESCRIPTION PRODUCTS TO NEW HAMPSHIRE RESIDENTS CAN BE FOUND ONLINE AT:  
[www.nh.gov/pharmacy/laws/documents/mophcy\\_laws\\_rules.pdf](http://www.nh.gov/pharmacy/laws/documents/mophcy_laws_rules.pdf)